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|--|---|--|---|--------------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390071 | (X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____ | | (X3) DATE SURVEY COMPLETED: 04/26/2023 |
| NAME OF PROVIDER OR SUPPLIER: UPMC LOCK HAVEN STATE LICENSE NUMBER: 122201 | | | STREET ADDRESS, CITY, STATE, ZIP CODE: 24 CREE DRIVE LOCK HAVEN, PA 17745 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE | (X5) COMPLETE DATE | |
| A 0000 | <p>INITIAL COMMENT</p> <p>This report is the result of an unannounced revisit survey completed on April 26, 2023, following an unannounced complaint investigation (PA60458) originally conducted on August 23, 2022, followed by a revisit on November 3, 4 and 8, 2022, and a second revisit on December 19, 2022, at UPMC Lock Haven. It was determined the facility was in compliance on April 26, 2023, with the requirements of 42 CFR, Title 42, Part 482-Conditions of Participation for Hospitals.</p> | A 0000 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

Pennsylvania Department of Health

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| P 0000 | <p>INITIAL COMMENT</p> <p>This report is the result of an unannounced revisit survey completed on April 26, 2023, following an unannounced special monitoring survey originally conducted on August 23, 2022, followed by a revisit on November 3, 4 and 8, 2022, and a second revisit on December 19, 2022, at UPMC Lock Haven. It was determined the facility was in compliance on April 26, 2023, with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 PA Code, Part IV, Subparts A and B, November 1987, as amended June 1998.</p> | P 0000 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:



Certified End Page

UPMC LOCK HAVEN

STATE LICENSE NUMBER: 122201

SURVEY EXIT DATE: 04/26/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY